

AFFIDAVIT

STATE OF MASSACHUSETTS)

ss.:

COUNTY OF _____)

I, _____, being duly sworn, depose and state:
(Full Name)

I am employed by Philip Morris Incorporated as a _____
(Title)

On _____, 1997 I purchased the following brand styles of Marlboro
cigarettes in the quantities indicated from _____ and located at
(Name of Retailer)

_____ at a total cost of \$_____.
Street Address of Retailer)

Marlboro Brand Style (Complete for each)	Quantity of Packs Purchased
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I submit this Affidavit for the benefit of the State of Massachusetts with the understanding that it will be relied upon to determine whether Philip Morris Incorporated has complied with the Massachusetts Regulation, "Cigarette and Smokeless Tobacco Products: Reports of Added Constituents and Nicotine Ratings".

Date

Signature

Any questions, please contact Elizabeth Chambers at 804-274-2871 (digital pager 804-905-2871)

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